

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015367

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2061

FILED APR 30 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITYLength of stay in 1b  
25 YEARSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTERInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
5025 SOUTH BENTONReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First DIXY

Middle ALMETA

Last MOORE

4. DATE OF DEATH

Month APRIL

Day 11

Year 1962

5. SEX  
FEMALE6. COLOR OR RACE  
WHITE7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
1/26/899. AGE (last birthday)  
73IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR.  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
AT HOME10b. KIND OF BUSINESS OR INDUSTRY  
-----11. BIRTHPLACE (City and state or country)  
AURORA, MISSOURI12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

JOHN NORINE

13b. MOTHER'S MAIDEN NAME

MARTHA ELIZABETH EASTIN

14. NAME OF HUSBAND OR WIFE

ZORA L. MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO16. SOCIAL SECURITY NO.  
-----17. INFORMANT  
JACK SITESAddress 8115 TROOST AVE.  
KANSAS CITY, MO.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

VENTRICULAR FIBRILLATION

INTERVAL BETWEEN ONSET AND DEATH

24 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

MYOCARDIAL INFARCTION

DUE TO (c)

ARTERIO SCLEROTIC HEART DISEASE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PNEUMONIA, UREMIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-9-62 to 4-11-62 and last saw her alive on 4-11-62  
Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. NEWCOMER'S SONS KANSAS CITY, MO. 4-13-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

David Waxman

St. David Hospital - Medicine Office

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Vern Lawler

Licensed Embalmer No.

4915

P. O. Address

B.G. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.